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<b>To: Assistant Commissioner for Patents</b>	<b>From: Estella Pineiro Patent Administrator 818-493-2251</b>
<b>Attention:</b>  <b>TECHNOLOGY CENTER 3700</b>  <b>Examiner: Scott Getzow Art Unit: 3762</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 571-273-8300</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Amendment</b>  App. No.: 10/702,562 Filed: 11/05/2003 Docket No.: A03P1072  Confirmation No.: 8723	<b>Number of pages being sent:</b> <u>12</u> (including cover page)

**PLEASE DELIVER TO EXAMINER S. GETZOW, Art Unit 3762.**  
**Thank you.**

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICERECEIVED  
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JUN 14 2006

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Applicant:	Bornzin et al.	Confirmation No.:	8723
Serial No.:	10/702,562	Examiner:	Scott Getzow
Filed:	11/05/2003	Art Unit:	3762
Docket No.:	A03P1072		
For:	IMPLANTABLE CARDIAC DEFIBRILLATION ASSEMBLY INCLUDING A SELF-EVALUATION SYSTEM AND METHOD		

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TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


Dear Sir:

Submitted herewith for filing are the following documents:

X Amendment  
X Power of Attorney...and Revocation of Prior Powers  
X Transmittal Letter, Fee and Cert. of Mailing

I hereby certify that this correspondence is being facsimile transmitted to  
the United States Patent and Trademark Office on:

June 14, 2006

 6/14/06  
Estella Pinheiro Date

PATENT

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	19	20	0	X \$ 50	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	4	0	X \$200	0
C	MULTIPLE- DEPENDENT				X \$ 360	0
D	EXTENSION OF TIME FEE — 1-mon: \$120; 2-mon: \$450; 3-mon: \$1,020; 4-mon: \$1,590; 5-mon: \$2,160					0
E	ADDITIONAL FEES (i.e., Surcharge – Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					0
F	<b>TOTAL ADDITIONAL FEE**</b> (ADD TOTALS FOR LINES A,B,C,D, and E)					\$0**

<input checked="" type="checkbox"/> Charge Deposit Account No. <b>16-0068</b> the amount of	<b>\$0**</b>	<b>A copy of this letter is enclosed.</b>
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☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.

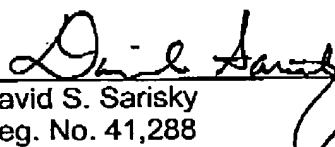
☒ The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

☒ Any patent application processing fees under 37 CFR 1.17.

☒ Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 14 JUN 2006

  
 David S. Sarisky  
 Reg. No. 41,288  
 Attorney for Applicants

**CUSTOMER NUMBER: 36802**